

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 46564

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 3114	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		c. LENGTH OF STAY (in this place) <b>D.O.A.</b>		c. CITY OR TOWN <b>VINITA PARK</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. ST LOUIS COUNTY HOSP</b>				e. STREET ADDRESS (If rural, give location) <b>8312 GARFIELD</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ISTVAN</b>		b. (Middle) _____		c. (Last) <b>FABIAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 7 1957</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>SEPT 4, 1936</b>	
9. AGE (In years last birthday) <b>21</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>DAY LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FERGUSON CONST CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BUDAPEST HUNGARY</b>		12. CITIZEN OF WHAT COUNTRY? <b>unk.</b>	
13a. FATHER'S NAME <b>MICHAEL FABIAN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ANDREAS SOROS 3227 S. 7th ST</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia secondary to hanging by the neck</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>974x</b>				20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>garage attached to home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Vinita Park, St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>Dec. 7, 1957 6:55</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self inflicted strangulation by ligature</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James H. Kain</b>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>12/11/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 11 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT OLIVE CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>	
DATE REC'D BY LOCAL REG. <b>12-10-57</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Damm</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kuttis</b>		ADDRESS <b>2906 Travis</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.